

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT Department Of Public Safety Division Of Building Inspection Mailing Address: Office Location: 200 East Main Street 101 East Vine Street Lexington KY 40507 2 nd floor Phone: 859-258-3770 Fax: 859-258-3780	<h1 style="margin: 0;">TENT APPLICATION</h1>
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Tent Location:		Zone:
Applicant Name:		
Applicant Address:		Phone:
Purpose/Use of Tent:		Duration of Event:
Number of Tents:	Sizes of Tents:	

(Office use only below this line)

Y N N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter of Permission or Lease from Owner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Inspection (Inspector's # _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Setback from right-of-way |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Approval (Fire Official: _____ Date: _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Permit from State Agriculture Dept. (Amusement Rides Only) |

Conditions:

This is a temporary certificate good from _____ thru _____.

Must leave lot in a clean and sanitary condition.

Must maintain a _____ ft. setback from the right-of-way.

Will have a _____ ft. X _____ ft. tent with/without electric.

☐ O.K. to Issue Certificate of Occupancy

Approved By: _____ Date: _____